

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JAN - 7 AM 10:54

DOCUMENT # L06000016836

1. Corporation Name

Foodservice Management Concepts, LLC.

2. Principal Office Address - No P.O. Box #  
13 NE 3rd Street

3. Mailing Office Address  
13 NE 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Chiefland

City & State  
Chiefland

Zip  
32626

Country  
USA

Zip  
32626

Country  
USA

7. Name and Address of Current Registered Agent

Name  
S. Ryan Bell

Street Address (P.O. Box Number is Not Acceptable)  
13 NE 3rd Street

Suite, Apt. #, Etc.

City  
Chiefland

State  
FL

Zip Code  
32626

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*S. Ryan Bell*

Date 12/21/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	S. Ryan Bell	13 NE 3rd Street	Chiefland, FL 32626
	REINSTATEMENT <u>2008 - 2010</u>		

10. E-mail Address: Ryan@bellscatering.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *T. Hampton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/09 352-443-0081  
Date Daytime Phone #